

AFTER-CARE OF THE INSANE.¹

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Mr. President, Ladies, and Gentlemen: The Willard After-care Committee was organized in May of last year. It is composed of eleven members, three of whom are also members of the hospital board of managers and the superintendent is a member *ex officio*. The hospital district embraces nine counties in the west central part of New York. Auburn, a city of thirty-two thousand, is the largest city, and Geneva, Ithaca, Corning, and Hornell come next, with from twelve to fourteen thousand each. The total population of the nine counties is something like 385,600, and the annual admissions to Willard average about 220. The residences of the members of the committee are so situated as to cover the district with the least inconvenience to themselves, and in or near the larger centers. When a patient is paroled or discharged who is considered in need of special after attention on the part of the committee, a description of the case and such other information as may be of value is submitted to the secretary, who in turn notifies the member residing nearest the patient's home. The committee meets at the hospital semi-annually. During the year it has been in existence, twenty cases—fifteen women and five men—were referred to the secretary; the total number discharged from the hospital during the same period being 134. Three of the cases—two women and one man—had no home or friends and situations were provided for them; these are doing well at the present time. The others had relatives and homes, but the circumstances and surroundings were such that we believed advice and moral support on the part of a member of the committee would prove beneficial; two of these, however—one an alcoholic and the other a manic case—were returned to the hospital within the year. It is our practice at the hospital to

¹ Read at the sixty-third annual meeting of the American Medico-Psychological Association, Washington, D. C., May 7, 8, 9, 1907.

have all patients whose discharge is contemplated presented at a staff meeting (of the resident medical officers), where they are questioned about their family relations, circumstances, and plans for the future in the event of their leaving the hospital. Advantage is taken of the legal provision whereby an allowance of money not to exceed twenty-five dollars may be made in such cases as require it. This is in brief an account of the progress made with respect to after-care at Willard. It is noteworthy that the two localities to be first provided with an after-care system in this country represent the two extremes of environment, the one (the Borough of Manhattan, New York City), pre-eminently metropolitan, with a population of over 2,350,000, the other essentially rural and scattered, with a population of approximately 386,000. There is no paid official connected with the system at Willard as is the case in New York City, and so far, I believe, it has not been necessary to seek financial assistance from the State Charities Aid Association, under whose auspices the committee was created. In a district like Willard, where there is comparatively little to do in the way of merely handing out money to needy and friendless patients and obtaining employment for them, the committee can work on broader lines than is possible in a great city, and some of the members are anxious for a larger number of cases, believing that sympathy and a friendly hand may, in themselves, do good. Medical officers have never been able to keep track of discharged patients. In my experience the most that has been done is to ask relatives to report on the patient's condition at the end of the parole period which, in our State, is thirty days. For years in our annual reports we have called attention to the importance of moral treatment in insanity, which embraces employment, recreation and cheerful company and surroundings; we also give a list of alleged moral causes which include adverse conditions such as family bereavement, business troubles, mental strain and overwork, religious excitement, and love affairs. In recent years there has been a tendency in some quarters to question the rôle played by purely mental or moral influences, and attach more importance to bodily or physical conditions, but I believe that insanity is frequently precipitated by mental causes. Admitting this, and the necessity of moral

treatment during an attack, their importance with regard to after-care will be apparent.

The question of what the scope of such work should be is one on which opinions differ. In England and France the function of after-care societies is to find for discharged patients in needy circumstances suitable homes and employment; to provide gifts of money, clothing or tools; to redeem articles in pawn; to advance payment for rent, etc., according to their individual needs and to keep them under supervision for a month or two after their discharge. Comparisons with regard to poverty and social conditions have been made between European countries and America, and it has been held by some that there is not the need for such work on this side of the Atlantic. We have undoubtedly less pauperism and there is not the host of unemployed here which is to be found across the water, but there is nevertheless considerable poverty, and to be convinced of this one need only glance at the transactions of the various philanthropic and charitable organizations apart from our purely public charities. The insanity law of New York State provides that the father, mother, husband, wife, and children of an insane person if of sufficient ability, shall assume the costs of support of inmates of State hospitals, in whole or in part. The regular reimbursing rate is \$3.50 per week, but in not more than 8 per cent of the 26,000 insane in the thirteen State institutions is anything being contributed toward their maintenance. There is an agent in each district whose business it is to investigate the family circumstances, so that compliance with the law may be enforced. At the Manhattan State Hospital, Ward's Island, which takes patients from New York City exclusively, the proportion of reimbursing cases is less than half of 1 per cent, which indicates a greater prevalence of poverty among the insane than anywhere else in the State. An interesting fact in connection with this is that 69 per cent of the insane committed from New York City are of foreign birth, the proportion for the entire State being about 48 per cent. According to the records of the Immigration Department, 34 per cent of all immigrants who arrived at the port of New York last year settled in New York State, and the vast majority of these remained in New York City. This has an important bearing on the subject under dis-

cussion. In a large number of cases it is the bread-winner who is committed, who, before the attack began, was able to maintain in a modest way his wife and children, but poverty follows in the wake of the calamity, the home is frequently broken up, and should the patient be fortunate enough to recover he is obliged to re-establish himself in the community under the most adverse circumstances. Stress, about which so much has been said in recent years as a factor in the production of mental diseases, is often intensified. There is also public prejudice to contend with, although I do not believe that this exists to the extent in America that it does in England and other European countries. Mrs. Milo M. Acker, a member of the Willard Board of Managers and the After-care Committee, has been deeply interested in this subject and last year took occasion to obtain the sentiment of nine representative housekeepers and three business men who owned mills and employed a large number of women and girls. Four of the nine housekeepers said they would be willing to take into their homes as domestics, persons discharged from hospitals who were said to be cured by the physicians; two said they would employ such persons after a lapse of six months; two said they would not have them under any circumstances and one was non-committal. Of the three mill owners one said that he would not employ anyone who had been insane under any condition nor after any lapse of time; two were broad-minded enough to say that they would take directly into their employ from the State hospitals any women whom the physicians guaranteed as cured, and while they did not think it would be wise for their companion workers to know that they had been insane, they could promise them, if they needed it, their sympathy and that of their fellow operatives. On the whole this was considered encouraging from the standpoint of after-care.

Dr. Adolf Meyer, in a paper which he read at a meeting of hospital superintendents and managers with the New York State Commission in Lunacy a year ago, dealt at some length with the necessity for improving social conditions which so often precipitate mental breakdown, such as the correction of family habits, the providing of amusements and recreation and all those things which pertain to social and mental hygiene, a work which he thinks after-care associations can interest themselves in with

profit, which involves not only recurrent insanity, but the entire question of prophylaxis before there has been an attack. This is indeed a great problem and success in any degree can only be attained by a process of evolution. Conditions vary in different communities; in cities the facilities for entertainment and recreation are very different from those of rural districts, while it must be admitted that residents of the latter have a greater measure of fresh air and light, also better food. We are all familiar with the fact that certain types of mental disease are more frequent in metropolitan districts than in the country; compare, for instance, general paralysis and alcoholic psychoses with melancholia; the former are much more prevalent in cities, while a considerably higher percentage of the latter is found in rural districts.

The influence of environment and training upon young adults of the poor class is strikingly illustrated at the "George Junior Republic," an institution situated at Freeville, in Central New York, founded by William R. George, in 1895. The age for admission is fourteen years, and residence at the institution may continue until the age of twenty-one. The average period of residence thus far is about three years and a half, and there have been over 600 citizens. Of this number only one boy developed insanity; he was eighteen years old and on admission to Willard had symptoms resembling dementia præcox, but improved to such an extent that he was able to return to the Republic in the course of six months. Mr. George informs me that in many instances there is a history of insanity in the family, usually the father or mother. The "citizens" are practically self-governing and the method is based on the Constitution and the laws of the United States and New York State. It is a miniature village identical with any other village, the only difference being the age of its citizens; the voting age is reached at fourteen instead of twenty-one. They elect from their own number a president, judiciary, and various officials comprising the government. There is a school conducted by paid teachers, and a number of industries, such as a bakery, laundry, carpenter shop, furniture shop, garden and a farm of three hundred acres. They have their own currency and each citizen is obliged to support himself in some way. There is also a good library, gymnasium,

and chapel. Nothing without labor is the key-note of life in the Republic; there is no opportunity for moping. The subsequent careers of the ex-citizens have been followed in almost all instances and the results are found to be most gratifying. None of them have been committed as insane. Most of these boys and girls come from the worst surroundings and ancestry, with criminal and immoral tendencies, and it would seem that many of them must have a predisposition to mental disease, particularly dementia præcox. It appears to me that the mental effects of the life and training at this institution are of much interest to alienists, and I have thought it appropriate to refer to it here.

The Empire State, containing, as it does, approximately one-tenth of the population of the United States, and having the chief port of entry for immigrants, affords a good field for starting and developing a system of after-care. To insure its success there must be cordial co-operation between the hospital physicians and the committees, and the hospital authorities in New York pledged this in a resolution adopted at a conference of superintendents with the Lunacy Commission held in January, 1906, when Miss Louise L. Schuyler, representing the State Charities Aid Association, undertook to organize an after-care department. The real requirements to meet fully the object in view can only be determined by experience. The committees should be able to do something to enlighten the public and disabuse the minds of many who, in their ignorance and superstition, still labor under the same prejudices toward the insane and institutions for the insane as their forefathers did generations ago, which is perhaps not surprising when we think of the lack of insight and interest regarding lunacy matters displayed by the average practitioner of medicine. Moreover, the progress made in medicine and surgery during the last twenty years has been applied in the management of our hospitals; the nurses are better trained than formerly, and the standard of care generally is higher. All this has conduced to the betterment of our patients, and the deteriorating process may have been checked in many instances, but it is an open question whether there has been any actual increase in the recovery rate. This, combined with the apparent increase of insanity, brings out more strongly than ever the need and importance of prophylactic measures.